

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-003173

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

82

STATE FILE NUMBER

ST-298102 XC-21 265 880
FILED JAN 16 1963VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN LITCHFIELD	
Length of stay in 1b 74 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		d. STREET ADDRESS (If outside, give location) 220 SOUTH MONTGOMERY	
3. NAME OF DECEASED (Type or print) First MIDDLE Last FRED ARENDS		4. DATE OF DEATH Month Day Year 1/2/63	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/7/98
9. AGE (last birthday) 64		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY WEBCO Co.	
11. BIRTHPLACE (City and state or country) LITCHFIELD, ILLINOIS, U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME HENRY ARENDS		13b. MOTHER'S MAIDEN NAME GAZINA GRONEWALD	
14. NAME OF HUSBAND OR WIFE MYRTLE ARENDS		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII	
16. SOCIAL SECURITY NO.		17. INFORMANT MYRTLE ARENDS (WIDOW) SEE #2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST DUE TO (b) ATRIAL FIBRILLATION DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 10/20/62 to 1/2/63 and last saw him alive on 1/2/63 Death occurred at 8:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H. L. BRAMMELL (Degree or title) H. L. Brammell M.D.	
22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 1/2/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-9-63	23c. NAME OF CEMETERY OR CREMATORY CRABTREE	23d. LOCATION (City, town, or county) LITCHFIELD, ILL
24. FUNERAL DIRECTOR ROSS FUNERAL HOME, LITCHFIELD		25. DATE RECD. BY LOCAL REG. JAN 4 1963	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Keady

Licensed Embalmer No. 6855 Del

P. O. Address St. Louis, Del

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.